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APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages: 38] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets: 1</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages: 2 a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) 1. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other _____</p>		
<p>16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____</p> <p>Prior application information: Examiner: * _____ Group/Art Unit: *</p> <p>For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relief upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below			
NAME	Michael W. Piper		
ADDRESS	5700 Granite Parkway, Suite 330		
CITY	Plano	STATE	Texas
COUNTRY	USA	TELEPHONE	(972) 731-2288
ZIP CODE	75024		
FAX	(972) 731-2289		
Name (Print Type)	Michael W. Piper	Registration No. (Attorney/Agent)	39,800
Signature	Michael W. Piper	Date:	2/13/2002

FEE TRANSMITTAL FY 2002 Patent fees are subject to annual revision.		Complete if Known	
		Application Number	New Application
		Filing Date	Herewith
		First Named Inventor	Shah, Vimal V., et al
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT	(\$) 2,258.00	Attorney Docket Number	2000-IP-002848 (1391-24900)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 03-2769 Deposit Account Name: Conley, Rose & Tayon, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																																																																																																																																																																					
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109	84	209	42	Reissue independent claims over original patent																																																																																																																																																																																			
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Michael W. Piper	Registration Number	39,800
Signature	<i>Michael W. Piper</i> Date 2/13/2002	Deposit Account User ID	30-2769

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APPLICANT: Shah, Vimal V., et al
SERIAL NO.: Not Yet Assigned
FILED: Concurrently Herewith
FILE NO.: 2000-IP-002848 (1391-24900)
FOR: DUAL CHANNEL DOWNHOLE TELEMETRY

I hereby certify that this correspondence,

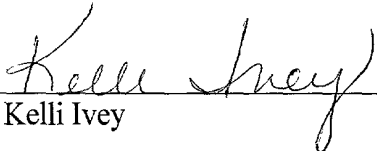
1. Utility Patent Transmittal Form;
2. Fee Transmittal (in duplicate);
3. Specification (38 pages);
4. Informal Drawings (1 Fig. 1 Sheet(s))
5. Declaration and Power of Attorney; and
6. this Acknowledgement postcard.

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on February 13, 2002.


Kelli Ivey